



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF ENVIRONMENTAL QUALITY

### NORTHERN REGIONAL OFFICE

Douglas W. Domenech  
Secretary of Natural Resources

13901 Crown Court, Woodbridge, Virginia 22193  
(703) 583-3800 Fax (703) 583-3821  
[www.deq.virginia.gov](http://www.deq.virginia.gov)

David K. Paylor  
Director

Thomas A. Faha  
Regional Director

26 February 2013

LBG Parcel C, L.L.C. and LBG Parcel F, L.L.C.  
c/o MRP Realty  
3050 K Street NW, Suite 125  
Washington, DC 20007

RE: Coverage under the General VPDES Permit for Discharges from Petroleum Contaminated Sites,  
Groundwater Remediation, and Hydrostatic Tests  
VAG830455  
LBG Parcel C, L.L.C. and LBG Parcel F, L.L.C.  
Alexandria, VA

Dear Owner:

We have reviewed your Registration Statement received on 19 February 2013 and determined that the discharge outlined on that statement is hereby covered under the referenced general VPDES permit. The effective date of your coverage under this general permit is the date of this letter. The enclosed copy of the general permit contains the applicable effluent limitations, monitoring requirements and other conditions of coverage.

The permit requires effluent sampling and reporting on a monthly basis. Discharge monitoring Reports (DMRs) that you may use to report sampling results are enclosed. You are responsible for making additional copies of the DMRs as needed. Separate DMRs must be completed for each permitted outfall and DMRs must be submitted for each outfall regardless of whether a discharge from that outfall occurred during the previous month. If a discharge did not occur from a particular outfall during the previous month, please write "no discharge" on the DMR. The first DMR is due 10 April 2013 for the month of March.

Please submit completed DMRs to:

Compliance Auditor  
Virginia Department of Environmental Quality  
Northern Regional Office  
13901 Crown Court  
Woodbridge, VA 22193-1453

Information provided on the Registration Statement indicates that wastewater will be discharged through a treatment works. Within 30 days of the date of this letter, you are required to develop and maintain on site an Operation and Maintenance (O&M) Manual for this permitted treatment works (see Part I.B.3 of the Permit).

VAG830455  
Transmittal Letter  
26 February 2013

This general permit will expire on 25 February 2018. The conditions of the permit require that you submit a new registration statement at least 30 days prior to the date of permit expiration if you wish to continue coverage under the permit.

If you wish to terminate permit coverage for inactive outfalls or for the entire site, please fill out the enclosed Termination of Coverage Request form and return it to the attention of Douglas Frasier at the address listed above.

Please review the enclosed materials carefully. You may contact Douglas Frasier at 703-583-3873 or via email at [Douglas.Frasier@deq.virginia.gov](mailto:Douglas.Frasier@deq.virginia.gov) if you have any questions.

Respectfully,



Bryant Thomas  
Water Permit & Planning Manager

cc:           Compliance Auditor, DEQ-NRO  
                Jesse Maines, City of Alexandria via [Jesse.Maines@alexandriava.gov](mailto:Jesse.Maines@alexandriava.gov)

Enclosures:   Discharge Monitoring Report(s)  
                 Permit Cover Page  
                 Applicable Effluent Limitations and Monitoring Requirements (Part I.A pages)  
                 Parts I.B and II of the Permit  
                 Termination of Coverage Request form

PERMITTEE NAME/ADDRESS/(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME LBG Parcel C LLC and LBG Parcel F LLC  
ADDRESS 3050 K Street NW  
Ste 125 Washington DC 20007

FACILITY LOCATION 731 Seaton Ave Alexandria VA 22305

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY

PETROLEUM DISCHARGE PERMIT

DISCHARGE MONITORING REPORT(DMR)

VAG830455	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM			TO		

02/19/2013

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

Northern Regional Office  
13901 Crown Court  
Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY ORLOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTED	*****	*****		*****	*****	*****			
	REQUIREMENT	*****	*****	NL	GPD	*****	*****			
002 FH	REPORTED	*****	*****		*****	*****	*****			
	REQUIREMENT	*****	*****		*****	*****	*****			
257 PETROLEUM HYDROCARBONS, TOTAL	REPORTED	*****	*****		*****	*****	*****			
	REQUIREMENT	*****	*****		*****	*****	*****			
293 NAPHTHALENE (AS C10H8 )	REPORTED	*****	*****		*****	*****	*****			
	REQUIREMENT	*****	*****		*****	*****	*****			
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PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

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Washington DC 20007  
  
FACILITY LOCATION 731 Seaton Ave  
Alexandria VA 22305

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

### PETROLEUM DISCHARGE PERMIT

#### DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office  
13901 Crown Court  
Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

VAG830455	002				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM		TO			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTED	*****	*****		*****	*****	*****	1/M	EST	
	REQUIREMENT	*****	*****	NL	GPD	*****	*****			
002 FH	REPORTED	*****	*****		*****	*****	*****	1/M	GRAB	
	REQUIREMENT	*****	*****		6.0	*****	9.0			
155 TRICHLOROETHYLENE (T)	REPORTED	*****	*****		*****	*****	*****	1/M	GRAB	
	REQUIREMENT	*****	*****		*****	*****	*****			
173 VINYL CHLORIDE	REPORTED	*****	*****		*****	*****	*****	1/M	GRAB	
	REQUIREMENT	*****	*****		*****	*****	*****			
205 METHYLENE CHLORIDE	REPORTED	*****	*****		*****	*****	*****	1/M	GRAB	
	REQUIREMENT	*****	*****		*****	*****	*****			
218 1,1,1-TRICHLOROETHANE	REPORTED	*****	*****		*****	*****	*****	1/M	GRAB	
	REQUIREMENT	*****	*****		*****	*****	*****			
220 TETRACHLOROETHYLENE	REPORTED	*****	*****		*****	*****	*****	1/M	GRAB	
	REQUIREMENT	*****	*****		*****	*****	*****			
223 CHLOROFORM (AS CHCl3)	REPORTED	*****	*****		*****	*****	*****	1/M	GRAB	
	REQUIREMENT	*****	*****		*****	*****	*****			

Additional DMR Comments:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO. DAY

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

PERMITTEE NAME/ADDRESS(INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME LBG Parcel C LLC and LBG Parcel F LLC

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Ste 125

Washington DC 20007

FACILITY LOCATION 731 Seaton Ave  
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## COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

### PETROLEUM DISCHARGE PERMIT

#### DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office  
13901 Crown Court  
Woodbridge VA 22193

VAG830455	002				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM			TO		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
236 CARBON TETRACHLORIDE	REPORTED	*****	*****		*****	*****	*****	2 . 3	UG/L	1 /M
	REQUIREMENT	*****	*****		*****	*****	*****			
258 1 , 1 - DICHLOROETHYLENE	REPORTED	*****	*****		*****	*****	*****	7 . 0	UG/L	1 /M
	REQUIREMENT	*****	*****		*****	*****	*****			
259 1 , 2 - DICHLOROBENZENE	REPORTED	*****	*****		*****	*****	*****	15 . 8	UG/L	1 /M
	REQUIREMENT	*****	*****		*****	*****	*****			
260 1 , 2 - DICHLOROETHANE	REPORTED	*****	*****		*****	*****	*****	3 . 8	UG/L	1 /M
	REQUIREMENT	*****	*****		*****	*****	*****			
262 TRANS - 1 , 2 - DICHLOROETHYLENE	REPORTED	*****	*****		*****	*****	*****	100 . 00	UG/L	1 /M
	REQUIREMENT	*****	*****		*****	*****	*****			
280 CHLOROBENZENE , TOTAL (AS C6H5CL)	REPORTED	*****	*****		*****	*****	*****	3 . 4	UG/L	1 /M
	REQUIREMENT	*****	*****		*****	*****	*****			
281 CHLOROTHANE	REPORTED	*****	*****		*****	*****	*****	3 . 6	UG/L	1 /M
	REQUIREMENT	*****	*****		*****	*****	*****			
370 TRICHLOROFLUOROMETHA REQUIREMENT	REPORTED	*****	*****		*****	*****	*****	5 . 0	UG/L	1 /M
	REQUIREMENT	*****	*****		*****	*****	*****			

Additional DMR Comments:

BYPASSES AND OVERFLOWS			TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
						TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
						PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE				

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME LBG Parcel C LLC and LBG Parcel F LLC  
ADDRESS 3050 K Street NW  
          Ste 125

Washington DC 20007

FACILITY LOCATION 731 Seaton Ave Alexandria VA 22305

EBOM

VAG830455	002
PERMIT NUMBER	DISCHARGE NUMBER
YEAR	MONITORING PERIOD
MO	YEAR
DAY	MO
	DAY
	TO

### *Additional DMR Comments:*

BYPASSES AND OVERFLOWS		TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE			
					TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
					PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>										

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

## DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading".  
$$\text{KG/DAY} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3.785 \quad \text{G/D (Grams/Day)} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3785$$
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.
7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.
8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".
9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".
10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.
11. Record the number of bypasses during the month, the total flow in million gallons (MG) and BOD5 in kilograms (KG) in the proper columns in the section marked "Bypasses and Overflows".
12. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.
13. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.
14. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.
15. You are required to retain a copy of the report for your records.
16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.
17. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.



**COMMONWEALTH of VIRGINIA**  
*DEPARTMENT OF ENVIRONMENTAL QUALITY*

General Permit No.: VAG830455  
Effective Date: February 26, 2013  
Expiration Date: February 25, 2018

**GENERAL VPDES PERMIT FOR DISCHARGES FROM PETROLEUM CONTAMINATED SITES,  
GROUNDWATER REMEDIATION, AND HYDROSTATIC TESTS**

**AUTHORIZATION TO DISCHARGE UNDER THE VIRGINIA POLLUTANT DISCHARGE  
ELIMINATION SYSTEM PERMIT PROGRAM AND THE VIRGINIA STATE WATER CONTROL  
LAW**

In compliance with the provisions of the Clean Water Act, as amended, the State Water Control Law and regulations adopted pursuant thereto, the owner is authorized to discharge to surface waters within the boundaries of the Commonwealth of Virginia, except to designated public water supplies or waters specifically named in other board regulations which prohibit such discharges.

The authorized discharge shall be in accordance with this cover page, Part I - Effluent Limitations and Monitoring Requirements and Part II - Conditions Applicable to All VPDES Permits, as set forth herein.

If there is any conflict between the requirements of a board approved cleanup plan and this permit, the requirements of this permit shall govern.